REQ (TH	UEST FOR O	QUOTATION ORDER	ON ?)	тн	IS RFQ	ıs	IS NOT A SMALL BUSI	INESS SET-A	SIDE		PAGE OF	F PAGES	
1. REQUEST NO. 2. DATE ISSUED				3.	REQUISITI	ION/PURC	CHASE REQUEST NO.	4. CE	ERT. F NDER	OR NAT. DEF. BDSA REG. 2 DMS REG. 1	RATING		
5a. ISSUED	BY							6. DE	ND/OR ELIVEF	R BY (Date)			
	5h FOR	R INFORMATION	ON CALL	(NO (	COLLECT	CALLS)		7. DE	-I IVFF	S.A.	0.7		
NAME	05. 1 01	CHAI OTAIN	011 07 122	Ì	TE	LEPHON	NE NUMBER		FOB DESTINATION (See Schedule)				
					EA CODE	NUMB	ER	a NA	9. DESTINATION a. NAME OF CONSIGNEE				
			8. TO:					a. 14/	-IVIL O	OONOIGINEE			
a. NAME b. COMPAN						PANY			b. STREET ADDRESS				
c. STREET ADDRESS								c. CITY					
d CITY					STATE	f ZI	PCODE	d S	d STATE e. ZIP CODE				
	URNISH QUOTATION	NS TO THE IN	MPORTAN	T: Thi	s is a reque	st for info	rmation, and quotations	furnished	are no	t offers. If you are	unable to qu	lote, please	
ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) indicate on this form all costs incurred in the p						tion of the vise indica	submission of this quo ated by quoter. Any rep	tation or to	contra	act for supplies or	r services. Su	ipplies are of	
		11. 9	SCHEDU	JLE (I	Include a <sub>l</sub>	oplicable	Federal, State an	nd local ta	axes)				
ITEM NO. SUPPLIES/SERVICE				ES			QUANTITY (c)	UNIT (d)	L	JNIT PRICE (e)	AM	OUNT (f)	
(a) (b)							(0)	(4)		(9)		(.)	
			a	a. 10	CALENDAR	R DAYS	b. 20 CALENDAR DA	AYS c. 30	CALE	NDAR DAYS (%)	d CALE	NDAR DAYS	
12. DISCOUNT FOR PROMPT PAYMENT				(%)			(%)				NUMBER	PERCENTAGE	
	<del></del>												
NOTE: Additi	onal provisions and 13. NAME A	representation		<u>                                     </u>	are	are n	ot attached.  14. SIGNATURE OF	F PERSO	N AUT	HORIZED TO	I 15. DATEC	DEQUOTATION	
a. NAME OF QUOTER						14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION							
b. STREET ADDRESS						16. SIGNER				1			
							a. NAME (Type or print)				b. TELEPHONE		
c. COUNTY						AREA CODE			DE				
d. CITY e. STAT				E f. i	ZIP CODE		c. TITLE (Type or print) NUM			NUMBER			

REQUEST FOR QUOTAT (THIS IS NOT AN ORDE	ION	THIS RFQ	IS	IS NOT A SMALL BUSIN	ESS SET-A	SIDE	PAGE OF PAGES		
1. REQUEST NO. 2. DATE		3. REQUISITI	ON/PURC	CHASE REQUEST NO.	4. CE	ERT. FOR NAT. DEF. NDER BDSA REG. 2 ND/OR DMS REG. 1	RATING		
5a. ISSUED BY					6. DE	ID/OR DMS REG. 1 L ELIVER BY (Date)			
5b. FOR INFORMA	TION CALL	(NO COLLECT)	CALLSI		7 0	LIVERY			
NAME SB. FOR INFORMA	TION CALL	•		NE NUMBER	╣╌┍	FOB DESTINATION	OTHER (See Schedule)		
		AREA CODE	NUMB	ER	2 N/	9. DESTI	NATION		
	0. TO:				a. IN/	AVIE OF CONSIGNEE			
a. NAME	8. TO: E b. COMPAI				b. STREET ADDRESS				
c. STREET ADDRESS					c. Cl	TY			
d CITY	e STATE				P CODE d STATE le. ZIP CODE				
d 011 1	GITT				u U				
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date)	indicate on costs incurr domestic or Quotations	this form and retured in the preparating in unless otherwings be completed.	rn it to the ion of the vise indica d by the o	e address in Block 5a. The submission of this quote ated by quoter. Any repre quoter.	is reques ition or to sentation	at does not commit the Go contract for supplies or as and/or certifications a	e unable to quote, please sovernment to pay any services. Supplies are of ttached to this Request for		
			oplicable	Federal, State and			† AMOUNT		
ITEM NO. SUPPLI	ES/SERVIC (b)	ES		QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)		
	ı	a. 10 CALENDAR	PDAYS	b. 20 CALENDAR DAY	75 c 30	CALENDAD DAYS (%)	d CALENDAR DAYS		
12. DISCOUNT FOR PROMPT PAYMENT	a. TO CALENDAR (%)	_	(%)	5 0.30	NUMBER PERCENTAGE				
NOTE: Additional provisions and representation  13. NAME AND ADDRE		are DTER	are n	ot attached.  14. SIGNATURE OF	PERSO	N AUTHORIZED TO	15. DATE OF QUOTATION		
a. NAME OF QUOTER				14. SIGNATURE OF SIGN QUOTATIO	N	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
b. STREET ADDRESS						16. SIGNER	<u> </u>		
- COUNTY			a. NAME (Type or pr	b. TELEPHONE					
c. COUNTY						AREA CODE			
d. CITY	E f. ZIP CODE		c. TITLE (Type or print)			NUMBER			
NSN 7540-01-152-8084 Previous edition not usable	I	!	18-	-121		STANDARD FORM 18 Prescribed by GSA-F.	I 3 (REV. 6/95) AR (48 CFR) 53.215-1(a)		